SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we are return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	A. Signature	☐ Agent☐ Addresse
	B. Received by (Printed Name)	C. Date of Deliver
Article Addressed to: UR ANDREW DEAN 310 LIVERSIDE DR. APRIK	D. Is delivery address different from ite if YES, enter delivery address belo	
NEWYORK, NY 10025- 4123 2. Arlide Number	3. Service Type Certified Mail Express Mail Registered Return Rec	ill eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number 7010	0290 0000 4170 525	51
The state of the state of	Receipt	102595-02-M-1540